2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003845

1. Entity Name
COMMUNITY CHILD CARE CENTER OF DELRAY BEACH FOUNDATION, INC.

Principal Place of Business	Mailing Address
555 N.W. 4TH STREET DELRAY BEACH, FL 33444	555 N.W. 4TH STREET DELRAY BEACH, FL 33444

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01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1023099

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEIBEL, STEPHANIE
ACHIEVEMENT CENTERS FOR CHILDREN & FAMILIE
S FOUNDATION: 555 NW 4TH STREET
DELRAY BEACH, FL 33444

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Stephanie Seibel STEPHANIE SEIBEL EXECUTIVE DIRECTOR DATE 1/18/08
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S/D
NAME	BENNETT, ANN
STREET ADDRESS	2522 AVENUE AU SOLEIL
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	P
NAME	MURPHY, THOMAS
STREET ADDRESS	980 NORTH FEDERAL HWY STE 410
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	HENNINGER, DAVID
STREET ADDRESS	602 SUNSHINE DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	T
NAME	JACOBUS, GEORGE
STREET ADDRESS	2999 NORTH OCEAN BLVD.
CITY-ST-ZIP	GULF STREAM, FL 33483
TITLE	D
NAME	TOUHEY, NANCY
STREET ADDRESS	1200 NORTH OCEAN BLVD.
CITY-ST-ZIP	GULF STREAM, FL 33483
TITLE	VP
NAME	IRISH, ROBERT
STREET ADDRESS	1225 VISTA DEL MAR DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483

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01/23/08-80061-011 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie Seibel STEPHANIE SEIBEL EXECUTIVE DIRECTOR 1/18/08 (561-266-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #